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|-------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|--|--|--|--|--|
| Request                                                           | Application Number                        | 10/666,104<br>September 18, 2003                     |  |  |  |  |  |
| for                                                               | Filing Date                               |                                                      |  |  |  |  |  |
| Continued Examination (RCE)  Transmittal                          | First Named Inventor                      | Chen-Yueh Fan                                        |  |  |  |  |  |
| Address to: Mail Stop RCE                                         | Art Unit                                  | 3751                                                 |  |  |  |  |  |
| Commissioner for Patents P.O. Box 1450                            | Examiner Name                             | Robert M. Fetsuga                                    |  |  |  |  |  |
| Alexandria, VA 22313-1450                                         | Attorney Docket Number                    | CFP-15211 (15745/405)                                |  |  |  |  |  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

|                                                                                                                                                                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       | _    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------|-------------|-----------|----------|---------|-----------|-----------|----------|--------------|----|----------------------------|---------|------------|-----------|------------|-----------|-------|------|
| 1.                                                                                                                                                                                                                                                                                                                                                       | . Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | a.                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             | Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | i.                                                                                                                                                                                                          |                                                                                                                                                                                      | Consider the arguments in the Appeal Brief or Rely Brief previously filed on |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | ii.                                                                                                                                                                                                         | ii. Other                                                                                                                                                                            |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | b.                                                                                                                                                                                                                                                                                                                                                                                             | $\checkmark$                                                                                                                                                                                                | End                                                                                                                                                                                  | close                                                                        | d       |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | i.                                                                                                                                                                                                          | $\checkmark$                                                                                                                                                                         | Ar                                                                           | nendi   | nent/l      | Reply     |          |         |           |           | iii.     |              |    | Information                | Dise    | closure S  | Statem    | ent (IDS   | S)        |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | ii.                                                                                                                                                                                                         |                                                                                                                                                                                      | Af                                                                           | fidavi  | .(s)/ D     | eclara    | ition(s) | )       |           |           | iv.      | $\checkmark$ |    | Other Post                 | card    | Petition   | for Ex    | tension    | of Time   |       |      |
| 2.                                                                                                                                                                                                                                                                                                                                                       | M                                                                                                                                                                                                                                                                                                                                                                                              | iscella                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                              | )       |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | a.                                                                                                                                                                                                                                                                                                                                                                                             | Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a  a. period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | b.                                                                                                                                                                                                                                                                                                                                                                                             | H                                                                                                                                                                                                           | •                                                                                                                                                                                    |                                                                              |         |             | _         | •        |         | suspens   |           |          |              |    |                            | ier 37  | CFR 1.1    | /(I) requ | uirea)     |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | <u>u.</u>                                                                                                                                                                                                                                                                                                                                                                                      | $\dashv$                                                                                                                                                                                                    |                                                                                                                                                                                      | _                                                                            |         |             |           |          |         |           |           |          |              |    |                            |         | _          |           |            |           |       |      |
| 3.                                                                                                                                                                                                                                                                                                                                                       | Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | The Director is hereby authorized to charge the following fees, or credit any overpayments, to  Deposit Account No. 08-1265                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | i.                                                                                                                                                                                                          | $\checkmark$                                                                                                                                                                         | ] R                                                                          | CE fe   | e requ      | uired u   | nder 3   | 7 CFR   | 1.17(e)   |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | ii.                                                                                                                                                                                                         | $\checkmark$                                                                                                                                                                         | ] E>                                                                         | tensi   | on of f     | lime fe   | e (37 C  | CFR 1.1 | 36 and 1. | .17)      |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                | iii.                                                                                                                                                                                                        |                                                                                                                                                                                      | (                                                                            | Other   |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           | _     |      |
|                                                                                                                                                                                                                                                                                                                                                          | b.                                                                                                                                                                                                                                                                                                                                                                                             | $\checkmark$                                                                                                                                                                                                | Ch                                                                                                                                                                                   | eck                                                                          | n the   | amou        | int of \$ | 620.     | .00     |           |           |          |              |    | enclosed                   |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | C.                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             | Pa                                                                                                                                                                                   | yme                                                                          | nt by   | credit      | card (    | Form P   | TO-203  | 8 enclose | ed)       |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    | edit card in<br>nd authori |         |            |           |            |           |       |      |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                                                                                                                              | int/Type                                                                                                                                                                                                    | ) /                                                                                                                                                                                  | Alan                                                                         | D. Ka   | ımrath      | 1         |          |         |           |           |          |              | _  | Registra                   |         |            |           | ent) 2     | 28,227    |       |      |
| Sign                                                                                                                                                                                                                                                                                                                                                     | ature                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                                                                                           |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            | Octob   | er 19, 2   | 005       |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         | <del></del> |           |          |         |           |           |          |              |    | MISSION                    |         |            |           |            |           |       |      |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             |           |          |         |           |           |          |              |    |                            |         |            |           |            |           |       |      |
|                                                                                                                                                                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                                                                                                                              | nt/Type)                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                              | . Kam   | ratba       |           |          | 11      | <i></i>   |           |          |              |    |                            |         |            |           |            |           |       |      |
| Signa                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                              |         |             | ts_       |          | TA      | ma        | W         |          |              |    |                            |         | ber 19,    |           |            |           |       |      |
| This o                                                                                                                                                                                                                                                                                                                                                   | olled                                                                                                                                                                                                                                                                                                                                                                                          | tion of in                                                                                                                                                                                                  | nform                                                                                                                                                                                | ation                                                                        | is redi | ired b      | v 37 CF   | -R 1.11  | 14. The | informati | on is rea | uired to | obtain c     | or | retain a bene              | efit by | the public | c which   | is to file | (and by t | he US | SPTO |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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